PTO/SB/22 (08-08)
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| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | Docket Number (Optional) | |
|---|------------------|--------------------------|----------------|
| FY 2008 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) | | 2055Q(204 | 231) CG10-02-Q |
| Application Number 10/816,357-Conf. #1187 | | Filed | April 1, 2004 |
| For METHOD FOR THE DETECTION OF ASTHMA RELATED GENE TRANSCRIPTS IN BLOOD | | | |
| Art Unit 1634 | | Examiner | J. C. Switzer |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. | | | |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | |
| | <u>Fee</u> | Small Entity Fee | <u>)</u> |
| One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | \$ |
| Two months (37 CFR 1.17(a)(2)) | \$460 | \$230 | \$ |
| X Three months (37 CFR 1.17(a)(3)) | \$1050 | \$525 | \$525.00 |
| Four months (37 CFR 1.17(a)(4)) | \$1640 | \$820 | \$ |
| Five months (37 CFR 1.17(a)(5)) | \$2230 | \$1115 | \$ |
| X Applicant claims small entity status. See 37 CFR 1.27. | | | |
| A check in the amount of the fee is enclosed. | | | |
| Payment by credit card. Form PTO-2038 is attached. | | | |
| The Director has already been authorized to charge fees in this application to a Deposit Account. | | | |
| The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number04-1105 I have enclosed a duplicate copy of this sheet. | | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | |
| I am the applicant/inventor. | | | |
| assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | | |
| x attorney or agent of record. Reg | istration Number | 54,849 | |
| attorney or agent under 37 CFR 1.34. | | | |
| Registration number if acting unc | | | |
| /Amy DeCloux/ | | August 26, 2008 | |
| Signature | | Date | |
| Amy DeCloux | | (617) 239-0294 | |
| Typed or printed name Telephone Number | | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | |
| Total of forms are submitted. | | | |